

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
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TOTAL IND.	8												
TOTAL DEP.	18												
TOTAL CLAIMS	26												
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS													